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Women in a male jail

Phil Scraton and Linda Moore highlight the harms of imprisonment for women and girls in Northern Ireland.

In 1986, following the closure of Armagh jail, women prisoners in the North of Ireland were transferred to Mourne House, a purpose-built, high-security, self-contained women's unit within the outer walls of Maghaberry male prison. It comprised two residential blocks, a residential health-care centre, kitchens, workshops, and education block. Following the 1998 Belfast (Good Friday) Agreement, political prisoners were released, yet high-security conditions continued. The kitchens and health-care centre closed, and women were transported to holding cells on the male side for medical consultations. The workshops were abandoned, and women spent long hours locked in isolation. In February 2002, the Prisons Inspectorate published a damning report heavily criticising the Prison Service

for the lack of strategic planning, appropriate policies and adequate programmes for women prisoners, and its failure to appoint a discrete governor and appropriately trained staff. It was particularly critical of holding children aged 17 and under in a women's prison and institutionalised indifference towards self harm and suicide.

In September 2002, 19 year old Annie Kelly took her own life in a punishment block strip cell. Human Rights Commissioners visited the Unit and commissioned research

focusing on ECHR Article 2 (right to life) and Article 3 (right to freedom from torture and inhuman and degrading treatment). We gained unprecedented research access throughout the prison, anticipating improvements in regime and programmes and evidence of strategy, policy, and staffing reform. Instead, we found a deteriorating regime reflecting an all-pervasive climate of indifference and complacency. No corporate strategy, no gender-specific policies, no discrete management structure, and no gender-oriented training had emerged. Workshops were permanently closed, and women

rarely escorted to classes. They were locked alone in their cells for a minimum 17 hours a day, often unable to phone their children. There was minimal support on reception, no structured induction

programme. Sentence management and resettlement programmes had not materialised.

We found deeply disturbed young prisoners held with adult women and a child, flesh torn and cut from her ankles to her hips, hands to her shoulders, dressed in a canvas gown, no underwear, lying on a concrete plinth, no blanket, no pillow, in a punishment block strip cell. It was the cell in which Annie Kelly died. Also down the block was a grandmother, epileptic, diabetic, colostomy bag, and weeping

varicose veins, held in solitary for abusing officers. Prisoners stated she was taunted by officers who openly refused to give her tea unless she complied. This was how self-harming and ill women were 'managed'. During the research, a second woman, Roseanne Irvine, took her own life, having been held in the punishment block, deeply distressed and tearing out her hair (see Scraton, 2007). In stagnation, Mourne House operated a high-security male-staff-dominated regime.

In June 2005, women prisoners were transferred to Ash House, in Hydebank Wood male Young Offenders Centre. Although 'low security', the women's unit was adjacent to the young men's accommodation seriously inhibiting their access to the site. Cells were small and lacked in-cell sanitation, and women's escorted movements around the site or in transport were met with constant verbal abuse. An unannounced inspection raised serious concerns about 'safety, principally in relation to the management of vulnerable and damaged women and girls' and the unsuitable environment for women. The transfer was 'a poorly implemented decision to move women from a purpose-built environment . . . to a much less suitable facility – without providing specialist training, management or support to ensure that they could properly look after the women and girls in their care' (HMCIP/CICJNI 2004:5). The Inspectorates recommended the provision of a discrete women's facility and reiterated their call for a gender-specific strategy and policies.

Following publication of our report on Mourne House, we were denied access to Hydebank Wood. In late 2005, the ban was reversed, and our research with women prisoners, senior managers, prison officers, and on-site professionals began. The lack of in-cell sanitation and shared ablutions was a constant source of conflict between the prisoners and guards. There was no appreciation that women's concerns primarily related to menstruation and menopause. Following a judicial review, the judge noted that

. . . we found a deteriorating regime reflecting an all-pervasive climate of indifference and complacency.

sanitation conditions were 'far from ideal' but not degrading. The Prison Service installed in-cell sanitation. In his judgment, the judge ruled against random strip-searching, stating its use should be proportionate and dependent on necessity.

Women were accommodated on four landings. One landing was divided between 'vulnerable' and punishment prisoners. The out-of-cell regime for the former, dominated by security and discipline, comprised sitting at a table in a bare recreation room, minimal contact with staff, and no constructive activities nor therapeutic regime. In contrast to Mourne House, self harming and suicidal women were not consigned to the punishment block. Interdisciplinary case conferences, however, made little impression on the consequences of extensive lock up, when the most vulnerable women relived memories of past abuse, unsupported.

Committals, remands, and fine defaulters were held on another landing bereft of activity or engagement: 'You're just being fed, lying down, locked up and that's it'. Two landings held sentenced prisoners, including young prisoners. Long-termers resented the continual disruption, and the Prison Service's commitment to a 'busy regime' was not delivered. Maximum out-of-cell time was eight hours in 24, but women were regularly locked for longer periods; at best, two-thirds of their sentence in isolation. Telephone access was expensive. Visits were restricted and in the presence of young male prisoners. The majority of women were unoccupied, bored, and demoralised.

Women were regularly transported with young male offenders and subjected to appalling sexually abusive insults: 'We dread the bus journey as much as court'. Despite low-security designation, all women's movements were under escort: 'Even walking to the house, to the education or even to the gardens . . . you have to be escorted at all times . . . it's like the women are just all thrown in to this wee corner of this YOC 'cos there is nowhere else for them'. Access to education, to

health care, and to recreational facilities was secondary to the needs of young male prisoners. There were no workshops and no jobs in the kitchen or other shared spaces.

A highly restrictive regime was imposed, with prisoners forbidden to acknowledge each other. Women with sons or partners in the male YOC found this distressing: 'My son was over here in the YOC and I spoke to him in education. You're not supposed to speak to them but what could I do?'

All women found strip searching on reception humiliating and degrading.

I was told to strip off naked . . . I was totally humiliated. I never in all my life experienced anything so invading. I was distraught and quite tearful.

When you're on your menstrual cycle you still have to strip . . . You have to show them then pants and pad with the blood on it. It's disgusting, you're embarrassed.

Shared accommodation in the health care centre meant that women undergoing treatment remained locked. It was not a therapeutic environment, and staff training, particularly regarding women's health, was rudimentary.

The research revealed operational policies, priorities, and practices amounting to egregious breaches of international human rights standards. Issues persisting beyond the transfer included: lack of a coherent strategy and gender-specific policies; provision of a site offering discrete health care, work, recreation, education, staffing and resettlement; appointment of managers and staff appropriately trained to work with the complex needs of women prisoners; accommodation suited to the diversity of prisoners and their needs; integration of therapeutic mental health care; significant increase in time out-of-cell; end to the use of punishment cells and replacement with appropriately designed 'time-out' accommodation; end to strip searching on reception unless

'reasonable suspicion' can be demonstrated; affordable telephone access; longer, more regular family visits; initiation of a creative and constructive regime; sentence planning geared to individual needs from reception through to their release; integration of sentence planning into resettlement and post-release provision (see Scraton and Moore, 2007).

While we witnessed women's resilience, resistance, and mutual support, the impact of their 'agency' in navigating outmoded, punitive regimes, and indifferent or hostile staff was constantly limited, and for those most vulnerable the pain of their personal history and their depersonalised present literally broke their resolve. The harshness, abusiveness, and neglect of their incarceration and the institutionalised failure in the duty of care cowed many into submission. Yet, in calling for reform of the fabric, conditions, and relationships contextualising women's imprisonment, in emphasising prisoners' rights, we are well aware of the dangers – the 'balancing act of passionately attending to the needs of prisoners' while demanding 'alternatives to sentencing altogether', an end to prison expansionism and the securing of a 'constellation of alternative strategies and institutions' (Davis, 2003:103/107). ■

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